

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036815

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8556

FILED SEP 17 1962

VS 300  
Rev. 4/591  
846-08

3

4 0

5 0

6

7 1

8 1

9

10

11

12 52-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BARNES HOSPITAL

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)

a. STATE

Kentucky

COUNTY

Hickman

c. CITY

Clinton

OR

TOWN

XXXXX

Inside Limits

Yes ☐ No ☐

Inside Limits

Yes ☒ No ☐

d. STREET/ ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ralph

Vick

## 4. DATE OF DEATH

Month

Day

Year

Sept.

2

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-4-1926

## 9. AGE (last birthday)

35

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Federal Gov - Agricultural

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Kentucky

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Damon Vick

## 13b. MOTHER'S MAIDEN NAME

Era Davis

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. James Spraggs

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Respiratory Failure

## INTERVAL BETWEEN ONSET AND DEATH

1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Uremia

2 months

## DUE TO (c)

Chronic Glomerulonephritis

5 yrs.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive Cardiovascular Disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

592x

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 7/23/62

to 9/2/62

and last saw her alive on 9/2/62

Death occurred at 5:45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

9/1/62

## 23a. BURIAL/CREMATION/REMOVAL (Specify)

Removal

## 23b. DATE

9-5-1962

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 23d. LOCATION (City, town, or county)

Clinton Ky

## 24. FUNERAL DIRECTOR

## ADDRESS

Hopkins-Brown Funeral Home Clinton Ky SEP 4 1962

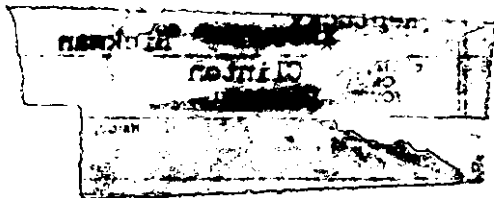
## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Rosal Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS



EMBALMER'S CERTIFICATE

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James L. Pearson*

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.